



Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or 888-225-7377)
TDD - (916) 795-3240; FAX (916) 795-3988

Reply To: Section 445

Date

Name
Street
City, State Zip

Dear Member:

If you are in the process or have already separated from all CalPERS-covered employment, you will need to consider whether you want to keep your retirement contributions on deposit with CalPERS or receive a refund. **Please note that distributions made in the calendar year you attain age 70 ½ or later have special tax rules. If you are, or will be, 70 ½ this year please contact CalPERS to request a “Required Minimum Distribution” packet.**

Before making this important decision, please read all of the enclosed information. It contains information you will need to make an informed decision. If you do not understand your options as they are presented to you, please call our office at the toll free number above for clarification. Please carefully consider that a refund of your CalPERS retirement contributions is an irrevocable election to terminate your CalPERS membership and forfeit your right to future retirement, disability or death benefits, unless you are a vested member under State Second Tier.

If you are moving from one CalPERS-covered employer to another, you may not withdraw your retirement contributions. You must be permanently separated from all CalPERS-covered employment before you may terminate your CalPERS membership and receive a return of retirement contributions. In addition, CalPERS has agreements with many publicly funded retirement systems which permit movement between public employers within a specific time period without loss of retirement rights. If you are moving to a position covered under CalSTRS, Legislators’ Retirement System, University of California Retirement Plan, Judges’ I/II Retirement System or any of the agencies listed below, you may not be able to withdraw your retirement contributions. For additional information about your rights and responsibilities, you can download the publication “When You Change Retirement Systems” from our Web site or call us at the toll free number above.

Counties of:

Alameda	Contra Costa	Fresno	Imperial	Kern	Los Angeles
Marin	Mendocino	Merced	Orange	Sacramento	San Bernardino
San Diego	San Joaquin	Santa Barbara	San Mateo	Stanislaus	Sonoma
Tulare	Ventura				

Cities of:

Costa Mesa (safety only)	Fresno	Pasadena	San Diego	San Jose
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And:

City and County of San Francisco	Contra Costa Water District
CA Admin Services Authority	East Bay Municipal Utility District
East Bay Regional Park District	Long Beach Schools Business Mgt System
Los Angeles City Retirement System	Los Angeles Co Metro Transportation Authority
Retirement Plan (UCRP) University of California	San Luis Obispo County

California Public Employees’ Retirement System

www.calpers.ca.gov

Please determine which bullet applies to you and read the applicable important information that should be considered before you decide to withdraw your contributions and terminate your membership in CalPERS.

- **If you have less than 5 years of service credit:** You are not a vested CalPERS member. If you decide to leave your contributions on deposit with CalPERS, you will continue to earn interest at the current rate of 6% APR and your membership will continue. No additional service credit will be earned unless you again become employed by a CalPERS-covered employer or acquire reciprocal rights with another California public retirement system. **Only if you become vested will you have the right to future retirement benefits. Exception:** If you have a job-related disability and are a safety member, you may qualify for Industrial Disability Retirement even if you have less than 5 years of service credit. Contact your employer or CalPERS for more information.
- **If you have at least 5 years of service credit and are younger than age 50:** You are a vested CalPERS member. You may leave your contributions on deposit with CalPERS, earning interest at the current rate of 6% APR. Then, once you attain age 50, the minimum age to qualify for service retirement, you can apply for retirement and receive a monthly allowance based on the service credit earned before you separated from employment. You should use the retirement estimate calculator on our Web site at www.calpers.ca.gov to find out what your allowance would be at age 50. If you are disabled, regardless of age, you may be eligible for disability retirement. Contact your employer or CalPERS for the disability retirement election/application package.
- **If you have at least 5 years of service credit and are age 50 or older:** You are a vested CalPERS member who qualifies for service retirement. You should use the retirement estimate calculator on our Web site at www.calpers.ca.gov to get an estimate of your retirement allowance before deciding if you want to withdraw your contributions, thus forfeiting your right to a monthly allowance. You may obtain a service retirement election/application package from your employer or CalPERS.

If you wish to leave your funds on deposit, you do not need to respond to this letter. You will continue to receive an Annual Member Statement every fall. If you move, please call CalPERS to update your address on our records.

If, after considering all information, you wish to withdraw your funds you may do so providing you:

- 1) Have permanently separated from employment.**
- 2) Are not moving to another CalPERS-covered employer.**
- 3) Are not accepting a job covered by another California public retirement system.**

Your refund will be comprised of the retirement contributions in your account with interest at 6% through the date your payment is scheduled to the State Controller's Office. Once CalPERS receives the properly completed refund election form AND your employer has updated our system to show that you have separated from employment, it will take about 3 to 4 weeks for your payment to be issued.

Please be aware that the employer contributions are NOT refundable. The amount contributed by your employer goes into a separate fund that is used only to pay the pension portion of retirement or death benefits. If we can be of further assistance, please contact us.

**Refunds Unit
Benefit Services Division**

PERS02M0324 (05-2008)

California Public Employees' Retirement System
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REFUND TAX INFORMATION RETAIN FOR FUTURE REFERENCE

The following consists of summarized tax information and is provided in accordance with Section 402(f) of the Internal Revenue Code. **CalPERS cannot provide specific information or tax advice. Please see your tax consultant, the Internal Revenue Service or the State Franchise Tax Board. For additional information concerning rollovers, consult the appropriate financial institution of your choice.**

Distributions made in the calendar year you attain age 70 ½ or later have special tax rules. If you are, or will be, 70 ½ this year please contact CalPERS to request a "Required Minimum Distribution" packet.

Distributions made before the calendar year you attain age 70 ½ - The taxable portion of your refund, as an Eligible Rollover Distribution (ERD) is subject to mandatory 20% Federal tax withholding unless the taxable portion of the refund is rolled over into an IRA or other eligible defined contribution plan.

Rollovers – An Eligible Rollover Distribution (ERD) consists of the taxable portion of a refund of your contributions, including interest, due to a separation from all CalPERS-covered employment. You may avoid current taxation on the taxable amount of an ERD by rolling over that amount to an individual retirement arrangement (IRA) or another qualified employer retirement plan that accepts rollover contributions. Taxes will be reportable when you take the money out of the IRA or other qualified plan.

Early withdrawal penalty – If you are under age 59 ½ at the time of the distribution, any taxable portion not rolled over may be subject to an early withdrawal penalty tax of 10% federal and 2 ½ % state unless an exception applies, PLUS any income tax due on the distribution. There are some instances where an individual will be exempt from the early withdrawal penalty, such as:

- A lump sum distribution made to you because of your separation from service after attaining age 55 or after becoming disabled. CalPERS cannot verify that a lump sum distribution was made due to disability; therefore you should contact the IRS directly to apply for this exception.
- The 10% federal penalty tax will be waived when a lump sum distribution is made because of your separation from service as a safety member (as defined by the IRS) providing police protection, firefighting service or emergency medical service. The separation of service must have occurred during or after the calendar year in which you attained age 50.

For more information on these exceptions, please contact the Internal Revenue Service, the Franchise Tax Board, or your tax consultant.

California State Tax Withholding – If you elect to receive an in-hand distribution of your contributions, California state income tax withholding is optional. State tax, if withheld, is 2% of the taxable portion of the refund. If you elect a rollover, no state tax will be withheld.

PERS02M0325 (05-2008)

California Public Employees' Retirement System
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Refund Election Form

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax (916) 795-3988

Section 1

Name must be the same as the name on your Social Security card.

Member Information

Name (First Name, Middle Initial, Last Name)		Social Security Number	
()	()		
Daytime Phone		Evening Phone	
Address			
City		State	ZIP

If you wish to elect a refund, and **will not attain age 70 ½ in the calendar year in which the refund is issued**, please complete and sign this form in the presence of a notary public or CalPERS employee. You may not elect a refund if you have been or will be re-employed with another CalPERS covered employer, or if you are accepting a position with another California Public Retirement System.

Section 2

Please elect **either** an in-hand distribution or a rollover.

Important

For direct rollover financial institution information – Do not submit a transfer form that was prepared by your financial institution in lieu of this completed form.

In-Hand Distribution or Rollover

☐ I elect to receive an “in hand” distribution of my CalPERS contributions and interest.

Federal Tax withholding

Federal income tax will be withheld at a mandatory rate of 20% of the taxable amount unless you elect to roll the amount into an IRA account.

State Tax Withholding

- ☐ Yes – I elect to have 2% of the taxable portion withheld for state income tax.
- ☐ No – Do not withhold state income tax.

Note: If you do not check one of the above choices, state tax withholding will automatically be deducted.

☐ I elect to receive a refund as a direct rollover of the taxable portion of my contributions and interest made payable to the following financial institution.

My rollover account is an () IRA Account () Other eligible rollover plan

Name of Financial Institution for IRA Account or Eligible Rollover Plan

Section 3

You must complete a **Justification for Non Signature of Spouse or Registered Domestic Partner** form if you are married or in a registered domestic partnership and your spouse or domestic partner is unable to sign this form.

Spouse/Registered Domestic Partner Signature

If you are married or have a registered domestic partner: your spouse or registered domestic partner must also sign this form.

By signing this form, I acknowledge my spouse's/ registered domestic partner's request for a refund.

Signature	Date (mm/dd/yyyy)
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If no spouse / registered domestic partner signature, check below if the following applies to you:

☐ I am not legally married or do not have a registered domestic partner.

Put your name and
Social Security number
at the top of every page.

Your Name

Social Security Number

Section 4

As the member requesting
a refund you must sign this
form in the presence of a
notary public or authorized
representative of CalPERS.

Refund Election Waiver of Rights Notarized Signature

Please read and sign the following waiver of rights statement. No refund will be processed without your signature.

I am aware of my service and disability retirement rights under CalPERS. I have read the description of my rights, and the benefit calculation formula and table, set forth in the CalPERS member booklet for my specific classification. Despite my knowledge of these facts, **I hereby waive all rights and understand that by requesting a refund, I am forfeiting all future retirement benefits, unless I am a vested member under the State Second Tier.**

☐ I elect to receive a refund of my retirement contributions and interest which will terminate my CalPERS membership.

In signing this form I understand this decision is irrevocable.

Member Signature

Date (mm/dd/yyyy)

State of California

County of

On before me,

Date (mm/dd/yyyy)

Name & Title of Officer

personally appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under **penalty of perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal

Signature of Notary Public

Date (mm/dd/yyyy)

or authorized CalPERS representative's signature.

Representative's Signature

Position Title

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Justification For Non Signature of Spouse or Registered Domestic Partner

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Section 1

This form must be completed if you have a spouse or registered domestic partner who did not sign your refund election document.

Requirement for Non Signature

Pursuant to Government Code section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions.

If a spouse or registered domestic partner's signature does not appear on the above-named document, the following information **must** be completed and submitted **with** the document.

	- -
Name (First Name, Middle Initial, Last Name)	Social Security Number

- ☐ My spouse or registered domestic partner did not sign the form because either:
- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or**,
 - ☐ My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgement; **or**,
 - ☐ My spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **or**,
 - ☐ My spouse or registered domestic partner has no identifiable community property interest in the benefit; **or**,
 - ☐ My spouse or registered domestic partner and I have executed a spousal or domestic partner settlement arrangement which makes the community property law inapplicable.

I certify under penalty of perjury that the foregoing information is true and correct.

Member Signature	Date (mm/dd/yyyy)

For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

Collection and Access Information

Submission of the requested information is mandatory. The information is collected pursuant to Government Code (sections 20000, et seq.) and will be used for administration of the Boards' duties under the Retirement Law, Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status. You have the right to review your membership files maintained by the System.

For answers to your questions concerning a refund of your contributions, please contact the CalPERS Refunds Unit, PO Box 942711, Sacramento, CA 94229-2711 or call toll-free at **888 CalPERS** (or 888-225-7377).

Mail to:

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